

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 112

1. PLACE OF DEATH A. COUNTY <u>Pinal</u> C. CITY OR TOWN <u>Florence</u> D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pinal General Hospital</u>	B. LENGTH OF STAY IN THIS TOWN <u>3 1/2 mo</u> IN ARIZONA <u>7 yrs</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Pinal</u> C. CITY OR TOWN <u>Coolidge</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>662 W. Taylor Ave</u>		
3. NAME OF DECEASED A. (FIRST) <u>GEORGE</u> B. (MIDDLE) <u>DEWEY</u> C. (LAST) <u>HORN</u> (TYPE OR PRINT) 6B. NAME OF SPOUSE <u>Agnes Horn</u> 7. DATE OF BIRTH MONTH <u>March</u> DAY <u>8</u> YEAR <u>1898</u> 8. AGE (IN YEARS LAST BIRTHDAY) <u>57</u> 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Night Watchman</u>		4. SEX <u>Male</u> 5. COLOR OR RACE <u>White</u> 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		
9B. KIND OF BUSINESS OR INDUSTRY <u>Cotton Gin</u> 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arkansas</u> 11. CITIZEN OF WHAT COUNTRY? <u>USA</u> 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>Yes WWI</u> 13. SOCIAL SECURITY NO. <u>541-12-2730</u>		14A. FATHER'S NAME <u>Homer Horn</u> 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arkansas</u> 15A. MOTHER'S MAIDEN NAME <u>Josie West</u> 15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arkansas</u>		
16. INFORMANT'S SIGNATURE <u>Mrs. Agnes Horn, 662 W. Taylor, Coolidge</u> ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>October 21, 1955</u>		
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>331 X</u> † THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ 3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PERATIONS, AUTOPSY	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) _____ 21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____ 21C. (CITY OR TOWN) (COUNTY) (STATE) _____		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	21F. HOW DID INJURY OCCUR? _____			
DEATH DUE TO EXTERNAL VIOLENCE	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON <u>Oct 21, 1955</u> AND THAT DEATH OCCURRED AT <u>12:30 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <u>E. P. Neap</u> (DEGREE OR TITLE) <u>M.D.</u> 23B. ADDRESS <u>Florence, Ariz.</u> 23C. DATE SIGNED <u>11-15-55</u>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 24B. DATE <u>10/24/55</u> 24C. NAME OF CEMETERY OR CREMATORY <u>Valley Memorial Park</u> 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Coolidge, Arizona</u>		25A. DATE REC'D BY LOCAL REG. <u>11/16/55</u> 25B. REGISTRAR'S SIGNATURE <u>Ethel L. Eggers</u> 25C. FUNERAL DIRECTOR'S SIGNATURE <u>Cole & Maud Mortuary, Coolidge, Ariz</u> 25D. EMBALMER'S SIGNATURE <u>Silva J. Smith</u> 25E. CERT. NO. <u>335</u>	